



FINANCE DEPARTMENT
Office of the City Clerk

555 South 10th Street Suite 103 Lincoln, NE 68508
402-441-7436 fax: 402-441-8325 lincoln.ne.gov

JUNE 30, 2014

OLD FEDERAL PLACE LLC
DBA GRAND MANSE
129 N 12TH ST
LINCOLN NE 685008

NOTICE OF HEARING ON LIQUOR APPLICATION

**APPLICANT OR DESIGNATED REPRESENTATIVE
IS REQUIRED TO ATTEND THIS HEARING.**

Notice is hereby given that the City Council of the City of Lincoln, Nebraska, will hold a hearing in the Council Chambers in the County-City Building of said City, 555 S. 10th St., on Monday, July 14, 2014 at 3:00 p.m., for the following applications of:

GRAND MANSE FOR OUTDOOR SDL'S ON HOME FOOTBALL SATURDAY'S AT 129 N 12TH ON 8/30, 9/6, 9/20, 9/27, 10/25, 11/1, 11/22 (INCLUDING THE PAVILION ON 9/27, 10/25 & 11/1)

OLD FEDERAL PLACE LLC DBA GRAND MANSE FOR AN OUTDOOR SDL AT 129 N 10TH ST ON AUG. 25, 2014 FROM 8A - 2A

***Please note: Even if you have had this event in the past, you are still required to attend this meeting.**

At said time and place, the City Council will receive competent evidence under oath, either orally or by affidavit, from any person bearing upon the propriety of the issuance of said license as provided by law. Council requires that the applicant or designated representative attend the meeting to answer any possible questions.

SINCERELY,

TERESA J. MEIER
CITY CLERK

153

APPLICATION FOR SPECIAL DESIGNATED LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov/

CITY OF LINCOLN
NEBRASKA
2014 MAY 6 PM 1 25
CITY CLERK'S OFFICE
FILED

DO YOU NEED POSTERS? YES ☐ NO ☒

RETAIL LICENSE HOLDERS ☐

NON PROFIT APPLICANTS ☐

Non Profit Status (check one that best applies)

Municipal ☐ Political ☐ Fine Arts ☐ Fraternal ☐ Religious ☐ Charitable ☐ Public Service ☐

COMPLETE ALL QUESTIONS

1. Type of alcohol to be served and/or consumed: Beer ☒ Wine ☐ Distilled Spirits ☒

2. Liquor license number and class (i.e. C-55441)
(If you're a nonprofit organization leave blank)

CK-87861

3. Licensee name (last, first,), corporate name or limited liability company (LLC) name
(As it reads on your liquor license)

NAME: Old Federal Place, LLC

ADDRESS: 129 North 10th Street

CITY Lincoln ZIP 68508

4. Location where event will be held; name, address, city, county, zip code

BUILDING NAME GRAND MANSE

ADDRESS: 129 North 10th Street CITY Lincoln

ZIP 68508 COUNTY and COUNTY # LANCASTER

a. Is this location within the city/village limits?

YES ☒ NO ☐

b. Is this location within the 150' of church, school, hospital or home
for aged/indigent or for veterans and/or wives?

YES ☐ NO ☒

c. Is this location within 300' of any university or college campus?

YES ☐ NO ☒

5. Date(s) and Time(s) of event (no more than six (6) **consecutive** days on one application)

Date <u>8.30.14</u>	Date	Date	Date	Date	Date
Hours From <u>8am</u>	Hours From	Hours From	Hours From	Hours From	Hours From
To <u>2am</u>	To	To	To	To	To

- a. Alternate date: NA
- b. Alternate location: NA
(Alternate date or location must be specified in local approval)

6. Indicate type of activity to be carried on during event:

☐ Dance ☐ Reception ☐ Fund Raiser ☒ Beer Garden ☐ Sampling/Tasting

Other _____

7. Description of area to be licensed

Inside building, dimensions of area to be covered **IN FEET** _____ x _____
(not square feet or acres)

*Outdoor area dimensions of area to be covered **IN FEET** 28' x 260'

***SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)**

If outdoor area, how will premises be enclosed?

☒ Fence; ☐ snow fence ☐ chain link ☐ cattle panel
☐ other 3.5' white picket fence

☐ Tent

8. How many attendees do you expect at event? 500

9. If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. (Attach separate sheet if needed)

Wristbands / 21 and over only event

10. Will premises to be covered by license comply with all Nebraska sanitation laws? YES ☒ NO ☐

- a. Are there separate toilets for both men and women? YES ☒ NO ☐

5. Date(s) and Time(s) of event (no more than six (6) **consecutive** days on one application)

Date <u>9/16/14</u>	Date _____	Date _____	Date _____	Date _____	Date _____
Hours	Hours	Hours	Hours	Hours	Hours
From <u>8am</u>	From _____	From _____	From _____	From _____	From _____
To <u>2am</u>	To _____	To _____	To _____	To _____	To _____

- a. Alternate date: NA
- b. Alternate location: NA
(Alternate date or location must be specified in local approval)

6. Indicate type of activity to be carried on during event:

☐ Dance ☐ Reception ☐ Fund Raiser ☒ Beer Garden ☐ Sampling/Tasting

Other _____

7. Description of area to be licensed

Inside building, dimensions of area to be covered **IN FEET** _____ x _____
(not square feet or acres)

*Outdoor area dimensions of area to be covered **IN FEET** 28' x 260'

***SKETCH OF OUTDOOR AREA** (or attach copy of sketch) (sample sketch)

If outdoor area, how will premises be enclosed?

☒ Fence; ☐ snow fence ☐ chain link ☐ cattle panel
☐ other white picket fence 3x5'

☐ Tent

8. How many attendees do you expect at event? 500

9. If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. (Attach separate sheet if needed)

wristbands 121 and over only event

10. Will premises to be covered by license comply with all Nebraska sanitation laws? YES ☒ NO ☐

- a. Are there separate toilets for both men and women? YES ☒ NO ☐

5. Date(s) and Time(s) of event (no more than six (6) **consecutive** days on one application)

Date <u>9/20/14</u>	Date _____	Date _____	Date _____	Date _____	Date _____
Hours From <u>8am</u>	Hours From _____	Hours From _____	Hours From _____	Hours From _____	Hours From _____
To <u>2am</u>	To _____	To _____	To _____	To _____	To _____

- a. Alternate date: NA
- b. Alternate location: NA
(Alternate date or location must be specified in local approval)

6. Indicate type of activity to be carried on during event:

☐ Dance ☐ Reception ☐ Fund Raiser ☒ Beer Garden ☐ Sampling/Tasting

Other _____

7. Description of area to be licensed

Inside building, dimensions of area to be covered **IN FEET** _____ x _____
(not square feet or acres)

*Outdoor area dimensions of area to be covered **IN FEET** 28' x 260'

***SKETCH OF OUTDOOR AREA** (or attach copy of sketch) (sample sketch)

If outdoor area, how will premises be enclosed?

☒ Fence; ☐ snow fence ☐ chain link ☐ cattle panel
☐ other 3.5' picket fence

☐ Tent

8. How many attendees do you expect at event? 500

9. If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. (Attach separate sheet if needed)

Wristbands/ 21 and over only event

10. Will premises to be covered by license comply with all Nebraska sanitation laws? YES ☒ NO ☐

a. Are there separate toilets for both men and women? YES ☒ NO ☐

5. Date(s) and Time(s) of event (no more than six (6) **consecutive** days on one application)

Date <u>9/27/14</u>	Date _____	Date _____	Date _____	Date _____	Date _____
Hours	Hours	Hours	Hours	Hours	Hours
From <u>8am</u>	From _____	From _____	From _____	From _____	From _____
To <u>2am</u>	To _____	To _____	To _____	To _____	To _____

- a. Alternate date: NA
- b. Alternate location: NA
(Alternate date or location must be specified in local approval)

6. Indicate type of activity to be carried on during event:

☐ Dance ☐ Reception ☐ Fund Raiser ☒ Beer Garden ☐ Sampling/Tasting

Other _____

7. Description of area to be licensed

Inside building, dimensions of area to be covered **IN FEET** _____ x _____
(not square feet or acres)

*Outdoor area dimensions of area to be covered **IN FEET** 28' x 260'

***SKETCH OF OUTDOOR AREA** (or attach copy of sketch) (sample sketch)

If outdoor area, how will premises be enclosed?

☒ Fence; ☐ snow fence ☐ chain link ☐ cattle panel
☐ other 2.5' white precat fence

☐ Tent

8. How many attendees do you expect at event? 500

9. If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. (Attach separate sheet if needed)

Under 21 and over 21 only event

10. Will premises to be covered by license comply with all Nebraska sanitation laws? YES ☒ NO ☐

- a. Are there separate toilets for both men and women? YES ☒ NO ☐

5. Date(s) and Time(s) of event (no more than six (6) **consecutive** days on one application)

Date <u>10/25/14</u>	Date _____	Date _____	Date _____	Date _____	Date _____
Hours From <u>8am</u>	Hours From _____	Hours From _____	Hours From _____	Hours From _____	Hours From _____
To <u>2am</u>	To _____	To _____	To _____	To _____	To _____

- a. Alternate date: _____
- b. Alternate location: _____
(Alternate date or location must be specified in local approval)

6. Indicate type of activity to be carried on during event:

☐ Dance ☐ Reception ☐ Fund Raiser ☒ Beer Garden ☐ Sampling/Tasting

Other _____

7. Description of area to be licensed

Inside building, dimensions of area to be covered **IN FEET** _____ x _____
(not square feet or acres)

*Outdoor area dimensions of area to be covered **IN FEET** 28' x 260'

***SKETCH OF OUTDOOR AREA** (or attach copy of sketch) (sample sketch)

If outdoor area, how will premises be enclosed?

☒ Fence; ☐ snow fence ☐ chain link ☐ cattle panel
☐ other 3.5' white plastic fence

☐ Tent

8. How many attendees do you expect at event? 500

9. If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. (Attach separate sheet if needed)

Wristbands / 21 and over only event

10. Will premises to be covered by license comply with all Nebraska sanitation laws? YES ☒ NO ☐

- a. Are there separate toilets for both men and women? YES ☒ NO ☐

5. Date(s) and Time(s) of event (no more than six (6) consecutive days on one application)

Date <u>11/1/14</u>	Date	Date	Date	Date	Date
Hours From <u>8am</u>	Hours From	Hours From	Hours From	Hours From	Hours From
To <u>2am</u>	To	To	To	To	To

- a. Alternate date: NA
- b. Alternate location: NA
(Alternate date or location must be specified in local approval)

6. Indicate type of activity to be carried on during event:

☐ Dance ☐ Reception ☐ Fund Raiser ☒ Beer Garden ☐ Sampling/Tasting

Other _____

7. Description of area to be licensed

Inside building, dimensions of area to be covered IN FEET _____ x _____
(not square feet or acres)

*Outdoor area dimensions of area to be covered IN FEET 28' x 260'

***SKETCH OF OUTDOOR AREA** (or attach copy of sketch) (sample sketch)

If outdoor area, how will premises be enclosed?

☒ Fence; ☐ snow fence ☐ chain link ☐ cattle panel
☐ other 3.5' white picket fence

☐ Tent

8. How many attendees do you expect at event? 500

9. If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. (Attach separate sheet if needed)

Under 21 and over only event

10. Will premises to be covered by license comply with all Nebraska sanitation laws? YES ☒ NO ☐

a. Are there separate toilets for both men and women? YES ☒ NO ☐

5. Date(s) and Time(s) of event (no more than six (6) **consecutive** days on one application)

Date <u>11/22/14</u>	Date	Date	Date	Date	Date
Hours	Hours	Hours	Hours	Hours	Hours
From <u>8am</u>	From	From	From	From	From
To <u>2am</u>	To	To	To	To	To

- a. Alternate date: NA
- b. Alternate location: NA
(Alternate date or location must be specified in local approval)

6. Indicate type of activity to be carried on during event:

- ☐ Dance ☐ Reception ☐ Fund Raiser ☒ Beer Garden ☐ Sampling/Tasting
- Other _____

7. Description of area to be licensed

Inside building, dimensions of area to be covered **IN FEET** _____ x _____
(not square feet or acres)

*Outdoor area dimensions of area to be covered **IN FEET** 28' x 200'

***SKETCH OF OUTDOOR AREA** (or attach copy of sketch) (sample sketch)

If outdoor area, how will premises be enclosed?

☒ Fence; ☐ snow fence ☐ chain link ☐ cattle panel
☐ other 3.5' white picket fence

☐ Tent

8. How many attendees do you expect at event? 500

9. If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. (Attach separate sheet if needed)

Wristbands / 21 and over only event

10. Will premises to be covered by license comply with all Nebraska sanitation laws? YES ☒ NO ☐

a. Are there separate toilets for both men and women? YES ☒ NO ☐

11. **Retailer: Will you be purchasing your alcohol from a wholesaler?** YES ☒ NO ☐
Non-Profit: Where will you be purchasing your alcohol?

Wholesaler _____ Retailer _____ Both _____ BYO _____
(includes wineries)

12. Will there be any games of chance operating during the event? YES ☐ NO ☒

If so, describe activity _____

NOTE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of gambling are prohibited by State Law. There are no exceptions for Non Profit Organizations or any events raising funds for a charity. This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application.

13. Any other information or requests for exemptions: _____

14. Name and **telephone number/cell phone number** of immediate **supervisor**. This person will be at the location of the event when it occurs, able to answer any questions from Commission and/or law enforcement before and during the event, and who will be responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. **PLEASE PRINT LEGIBLY**

Print name of Event Supervisor Lisa J. Petersen

Signature of Event Supervisor [Signature]

Event Supervisor phone: Before 402.476.4560 During 402.499.3608

Email address LPETERSEN@opandmanse.com

Consent of Authorized Representative/Applicant

15. I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be supervised by persons directly responsible to the holder of this Special Designated License.

sign
here

Lisa Froehlich
Authorized Representative/Applicant

Owner
Title

4-30-14
Date

Lisa Froehlich
Print Name

This individual must be listed on the application as an officer or stockholder unless a letter has been filed appointing an individual as the catering manager allowing them to sign all SDL applications.

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

SERVER/SELLER APPLICANT INFORMATION SHEET

You must provide the **NAME** and **DATE OF BIRTH** of **ALL** Employees/Volunteers who will sell or dispense alcoholic beverages at your event.

This applies to nonprofit corporations as well.

[illegible]

SUPPLEMENTAL FORM
REQUIRED FOR ALL OUTDOOR EVENTS
(Including those for Non Profit Organizations)

Name of Event: <u>Legends Field at Grand Manse</u>	
Applicant and Sponsoring Organization or Individual (if applicable): <u>11/22</u>	
Date(s) of Event: <u>8/30, 9/4, 9/20, 9/27, 10/3, 11/11</u>	Hours: <u>8am - 2am</u>
Alternate Date(s):	Hours:

Is the event open to the public? ☒ Yes ☐ No

How will you ensure that minors will not be served or consume beverages containing alcohol: fenced in area, security, wristbands on eligible ID'd guests

Will food be served? ☐ Yes ☒ No If yes, please list food to be served: _____

Will non-alcoholic beverages be served: ☒ Yes ☐ No
 If yes, please list non-alcoholic beverages to be served: Pepsi products

Who will serve the beverages containing alcohol? Grand Manse Employees
Must complete Server/Seller Applicant Information Sheet.

Have the designated servers received responsible beverage server training? ☒ Yes ☐ No

Will there be a charge for admission? ☐ Yes ☒ No

In the last 12 months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee? ☐ Yes ☒ No If so, explain: _____

Lisa R. Brehm
 Applicant's Signature

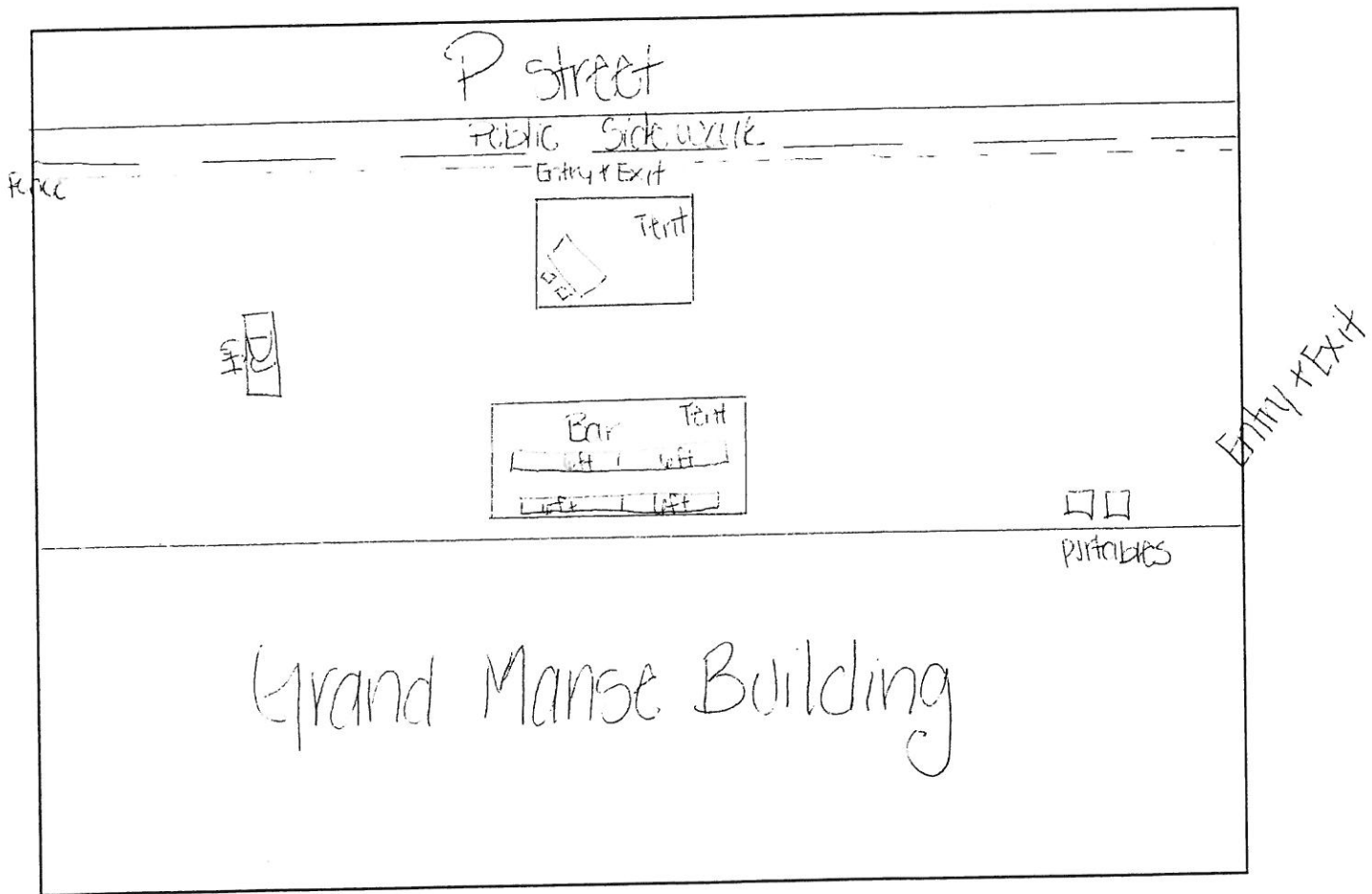
4.28.14
 Date

THE FOLLOWING SUPPLEMENTAL FORM IS REQUIRED FOR ALL OUTDOOR EVENTS

SUPPLEMENTAL FORM FOR SITE PLAN INFORMATION

Please provide a drawing showing the following. Provide as much detail as possible to ensure your application is not returned to you for more information. Attach additional drawings, dimensions if necessary.

1. Number of Entry & Exit Points & Dimensions: 2
(height & width) (7 x 4)
2. Size & location of tent(s): 2 tents 1.7x12x12 2.7x15x12
(heights, width, depth) (x x)
3. Size of area being used: Outdoor event on the back of our building
(height & width) (28 x 20)
4. Location & type of cooking equipment (if used) NA
5. Location of tables & chairs: 6 left tables 12 chairs
(If stage for band provided & dance area, show dimensions & site on drawing.)
6. Height & type of fencing to be used: 3 1/2 white picket fence
(height) (3 1/2)



2011 BIG TEN TAILGATING SPOTS

Private

Private

PROPERTY LINE

CONCRETE WALL

ACCESS TO LOWER LEVEL

10 PARKING SPACES

11 12 13 14 15 16 17

18 19 20 21 22 23 24 25

PAVILLION 1,287 sq.ft.

COMMONS 7,764 sq.ft.

UNIT 104 1,224 sq.ft.

UNIT 103 1,078 sq.ft.

UNIT 102 1,376 sq.ft.

UNIT 101 1,321 sq.ft.

COMMONS

KITCHEN 173 sq.ft.

RESTROOMS 565 sq.ft.

JASMINE ROOM 5,391 sq.ft.

COMMONS

UNIT 106 1,409 sq.ft.

UNIT 107 2,083 sq.ft.

CAPITOL HALL

COMMONS

UNIT 108

GALLERY 794 sq.ft.

COMMONS 7,764 sq.ft.

UNIT E 1,027 sq.ft.

UNIT D

COMMONS 971 sq.ft.

BLUE ORCHID 3,729 sq.ft.

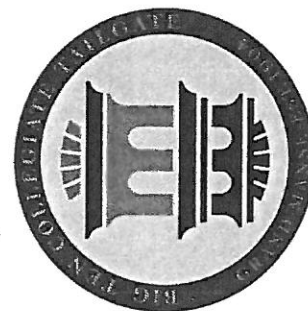
CONCRETE PATIO 1,208 sq.ft.

CONCRETE PATIO 1,838 sq.ft.

4 PARKING SPACES

PROPERTY LINE

Already
Licensed



2011 BIG TEN TAILGATING SPOTS